

e. Amendment of GME Contracts – Title IX Reporting and Requirements

The GME contracts have been amended in order to strengthen and ensure accurate Title IX reporting and compliance monitoring.

f. Title IX - TennCare Bureau Statement of Assurance

The Department of Finance, Bureau of TennCare hereby agrees that it will comply with the requirements of Title IX and its implementing regulations. The Bureau therefore submits the following assurance and declares that it will take measures necessary to realize compliance with this assurance:

The Bureau will not, based on gender:

- (1) Deny an individual any service, opportunity, or other benefit provider under the program;
- (2) Provide any service, or other benefit to an individual which is different, or is provided in a different manner from that provided to others under the program;
- (3) Subject an individual to segregation or separate treatment in— any matter related to his receipt of service, or other benefit under the program;
- (4) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, or other benefit under the program;
- (5) Treat any individual differently from others in determining whether he satisfies any admission criteria, enrollment goals, eligibility, membership, or other requirement or condition which individuals must meet in order to be provided any service, or other benefit provided under the program;
- (6) Deny any individual an opportunity to participate in the program through the provision of services or otherwise afford him an opportunity to do so which is different from that afforded others under the program; or
- (7) Deny a person the opportunity to participate as a member of a planning or advisory body, which is an integral part of the program.

H. State Title XIX/OTHER CONTRACTORS

Maintaining and assuring compliance of all contractors will be accomplished in the following manner:

1. Assurance of Compliance Form (HHS 690) must be signed and returned to the Bureau.
2. Reviews of other contractors will be completed by the Director of Non-Discrimination Compliance.
3. The Bureau will conduct routine compliance reviews of each contractor, as needed. The selection for a routine review will be based on, but not limited to, such factors as:
 - a. A periodic assessment of non-discrimination compliance;
 - b. A significant increase in discrimination complaints;
 - c. Failure to file non-discrimination compliance reports or reports that show patterns of discrimination;
 - d. Non-compliance determined by other agencies;
 - e. Racial staffing patterns that may represent a problem.
4. In order to ensure compliance with Title VI, Contractors will have available racial and ethnic data showing the extent to which members of minority groups are participants in the businesses, i.e., staff, board members, etc.

I. COMPLAINT POLICY

The following methods will be utilized for handling complaints alleging discrimination in any program that the Bureau of TennCare has the ultimate responsibility of discrimination under Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

1. A complaint must be filed no later than 90 days from the alleged discriminatory act or acts; however, the time for filing may be extended by the responsible State Agency or O.C.R. official;

2. All information necessary for filing a complaint will be provided to Bureau employees through the employee handbook and other notices;
3. Information necessary for filing a discrimination complaint will be provided in written form for those individuals who want to take the information with them;
4. Individuals who wish to file a complaint will be assisted in completing the required data if they so request and any necessary accommodations are to be provided. **The Bureau of TennCare's Discrimination Complaint Form is available in English and Spanish (See Attachments 1 and 2). Translation and interpretation services are available for individuals that speak other languages. Also, assistance in filing a discrimination complaint is available for individuals that need assistance in alternative formats (i.e. services for the blind, deaf/hard of hearing) at no charge;**
5. Complaints may be resolved at the point where it is filed, when filed. The TennCare Director of Non-Discrimination Compliance must be notified in writing by the contracting agencies of all complaints of alleged discrimination;
6. The Bureau of TennCare's Director of Non-Discrimination Compliance will investigate and resolve those complaints that are not resolved at the originating point as indicated;
7. Complainants will be advised of the option of filing discrimination complaints with the Bureau of TennCare and applicable state and federal agencies such as the Tennessee Title VI Commission, Tennessee Human Rights Commission, and OCR. Complainants will also be provided language assistance and other reasonable accommodations consistent with state and federal law;
8. A written notification of receipt of complaint will be sent to complainant by U.S. mail to advise that action is being taken to investigate the complaint;
9. All complaints will have an initial or preliminary investigation after complaint is received;
10. Complainants shall be advised in writing of the findings of the State Agency regarding the complaint. In the written notice, the complainant shall be advised that if not satisfied with the decision, he/she may appeal to the Department of Health and Human Services Office for Civil Rights, Atlanta, GA and applicable state agencies which have statutory authority for discrimination complaint investigation;
11. After the complaint has been investigated, the Bureau of TennCare's Director of Non-Discrimination Compliance shall determine if discrimination did in fact

occur, action as may be necessary shall be taken to correct the discriminatory practice and to prevent any recurrence of such discrimination.

J. RETALIATION

No State Title XIX Program/TennCareMCO/BHO/DBM/GME Contractor, other contractor, subcontractor, applicant, enrollee, employee, beneficiary, or other person may be retaliated against in response for pursuing any right or privilege. In accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, no State Title XIX Program/TennCare MCO/BHO/DBM/GME Contractors, other contractor, subcontractor, applicant, enrollee, employee, beneficiary, or other person shall be intimidated, threatened, coerced, or discriminated against for the purpose of interfering with any right or privilege secured by the above mentioned federal laws because he or she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing provided under the authority of the above mentioned laws.

K. CONFIDENTIALITY OF INFORMATION

The identity of complainants shall be kept confidential except to the extent necessary to carry out the above mentioned federal laws, including the conduct of any investigation, hearing or judicial proceeding arising thereunder in accordance with the applicable confidentiality sections specified in Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, the Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990.

ATTACHMENT 1

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STATE OF TENNESSEE
Bureau of TennCare

Unfair Treatment Complaint

Versión en español atrás

Federal law says that unfair treatment is not allowed. No one can be treated in a different way because of race, color, birthplace, language, sex, age, beliefs or disability. If you feel that you have been treated unfairly for any of these reasons, you have the right to complain. We do not allow unfair treatment in TennCare.

We need the following facts so we can look into your complaint. If you need help to fill out this page, let us know.

1. **Are you filing this complaint for yourself?** ☐ Yes ☐ No

If yes, go to question number 2.

If no, tell us your name:

Give us a phone number where we can reach you: ()

2. **What is the name of the person you feel was treated unfairly?**

Name of Person You Feel Was Treated Unfairly			Date of Birth	
_____ Last First Middle Initial			_____/_____/_____ Month Day Year	
Full Mailing Address:			Social Security Number:	
_____ Street Number and Name, Rural Route, Apartment Number, Lot Number, PO Box, etc.				
City:		State:	Zip:	Daytime Phone ()
				Evening Phone ()

3. **Who do you think treated this person unfairly?**

Name _____

Address _____

City, State, and Zip Code _____

Phone Number () - or - ()

4. Give us facts about the unfair treatment.

Check the box or boxes that you think were the reason for the unfair treatment.

Race ☐ Color ☐ Birthplace ☐ Language spoken ☐

Sex ☐
Religion ☐ Beliefs ☐ Age ☐ Disability ☐

What date did the unfair treatment take place?

Do you think it has happened other times? ☐ Yes ☐ No If yes, how many other times?

Have you complained about this problem before and tried to have it stopped? ☐ Yes
☐ No

If yes, who have you talked to about it? Name: _____

When did you talk to them about it? _____

Have you filed this complaint with another federal, state, or local agency? ☐ Yes ☐ No

Have you filed this complaint with any federal or state court? ☐ Yes ☐ No

If yes, check all that apply. Federal agency ☐ Federal court ☐
State agency ☐ State court ☐ Local agency ☐

If yes, tell us the name of the contact person at the agency/court where you filed the complaint.

Name _____

Agency/Court Name _____

Address _____

City, State, and Zip Code _____

Phone Number (____) _____

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5. **In your own words, tell us what happened.** You can attach more pages if you need them.

Please sign below. Attach any other information that you think will be helpful.

Sign here. X _____ **Date:** _____

If you filled out this page for someone else, sign here. X _____

[Note: if you helped someone file this complaint, you don't have to sign.]

Print your name: _____ **Date:** _____

Mail these pages to: Bureau of TennCare
Attn: Director of Non-discrimination Compliance
729 Church Street
Nashville, TN 37247-6501

If you have questions, please call (615) 741-0155 or 1-800-342-3145 (toll-free) for help.

To get help in another language, call one of these numbers:

Language	Toll Free Number	Nashville Number
Arabic	1-877-652-3046	313-9840
Bosnian	1-877-652-3069	313-9382
Kurdish-Badinani	1-877-652-3046	313-9840
Kurdish-Sorani	1-877-652-3046	313-9840
Somali	1-877-652-3054	313-9894
Spanish	1-800-254-7568	227-7568
Vietnamese	1-800-269-4901	313-9899

TennCare does not allow unfair treatment based on race, color, language spoken, sex, sexual orientation, religion, beliefs, handicap/disability or age.

ATTACHMENT 2

TN A045

STATE OF TENNESSEE
Bureau of TennCare

Queja por trato injusto

Version in English on other side

La ley federal dice que el trato injusto no está permitido. Nadie puede recibir un trato diferente debido a su raza, color de la piel, lugar de nacimiento, idioma, sexo, edad, creencias o discapacidad.

Si piensa que ha sido tratado de manera injusta por alguno de esos motivos, usted tiene el derecho de quejarse. TennCare no permite el trato injusto.

Necesitamos la siguiente información para que podamos evaluar su queja. Si necesita ayuda para llenar esta hoja, avisenos.

1. **¿Está completando esta queja para usted mismo(a)?** ☐ **Sí** ☐ **No**

Si respondió "sí", pase a la pregunta número 2.

De lo contrario, díganos el nombre de usted: _____

Anote un número de teléfono en donde nos podemos comunicar con usted:

() _____

2. **¿Cuál es el nombre de la persona que usted piensa que fue tratada injustamente?**

Nombre de la persona que usted piensa fue tratada injustamente			Fecha de nacimiento		
_____			____/____/____		
Apellido	Nombre	Inicial	Mes	Día	Año
Dirección postal completa:			Número de Seguro Social:		
N.º de casa y nombre de la calle, Rural Route, n.º de departamento, n.º de lote, PO Box, etc.			_____		
Ciudad:	Estado:	Código postal:	Teléfono durante el día ()		
			Teléfono durante la noche ()		

3. **¿Quién piensa usted que trató de manera injusta a esta persona?**

Nombre _____

Dirección _____

Ciudad, Estado y Código postal _____

Número de teléfono () _____ - o - () _____

4. **Díganos los hechos sobre el trato injusto.**

Marque la casilla o casillas que usted piensa fueron el motivo del trato injusto.

Raza ☐ Color ☐ Lugar de nacimiento ☐ Idioma hablado ☐ Sexo ☐
Religión ☐ Creencias ☐ Edad ☐ Discapacidad ☐

¿Cuál fue la fecha en que tuvo lugar el trato injusto? _____
¿Piensa usted que ha ocurrido otras veces? ☐ Sí ☐ No
Si respondió "sí", ¿en cuántas ocasiones? _____
¿Se ha quejado previamente de este problema y ha intentando que lo dejen de hacer?
☐ Sí ☐ No
Si respondió "sí", ¿con quién habló sobre eso? Nombre: _____
¿Cuándo habló con esa persona sobre eso? _____

Dev: 18Dec03
1

Línea de Información de TennCare: 1-800-669-1851

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¿Ha presentado esta queja con alguna otra agencia federal, estatal o local? ☐ Sí ☐ No
¿ha presentado esta queja ante un tribunal federal o estatal? ☐ Sí ☐ No
Si respondió "sí", marque todo lo que corresponda: Agencia federal ☐
Tribunal federal ☐ Agencia estatal ☐ Tribunal estatal ☐
Agencia local ☐

Si respondió "sí", díganos el nombre de la persona de contacto en la agencia/tribunal donde presentó la queja.

Nombre _____

Nombre de la agencia/tribunal _____

Dirección _____

Ciudad, Estado y Código postal _____

Número de teléfono (____) _____

- 5. Díganos, en sus propias palabras, lo que ocurrió.** Si es necesario, puede adjuntar más hojas.

Por favor abajo. Adjunte cualquier otra información que piense que podría ser útil.

Firme aquí X _____ **Fecha:** _____

Si usted completó esta hoja para otra persona, firme aquí. X _____

[Nota: si usted le ayudó a alguien completar esta queja, no tiene que firmar.]

TN No. 05-001

Supersedes

TN No. 2001-2

Approval Date: 03/31/05

Effective Date: 01/01/05

Escriba su nombre en letra de imprenta: _____ **Fecha:** _____

Envíe estas páginas por correo a: Bureau of TennCare
Attn: Director of Non-discrimination Compliance
729 Church Street
Nashville, TN 37247-6501

Si tiene preguntas, llame al (615) 741-0155 ó 1-800-342-3145 (llamada gratuita) para pedir ayuda.

Para obtener ayuda en otro idioma, llame a uno de los siguientes números:

<u>Idioma</u>	<u>Llamada gratuita</u>	<u>Teléfono en Nashville</u>
Árabe	1-877-652-3046	313-9840
Bosnio	1-877-652-3069	313-9382
Kurdish-Badinani	1-877-652-3046	313-9840
Kurdish-Sorani	1-877-652-3046	313-9840
Somali	1-877-652-3054	313-9894
Español	1-800-254-7568	227-7568
Vietnamita	1-800-269-4901	313-9899

TennCare está no tolera el trato injusto por motivo de raza, color de la piel, idioma hablado, sexo, orientación sexual, religión, creencias, discapacidad/incapacidad o edad del individuo.